



MEMBERSHIP APPLICATION AND ABEL JOURNAL SUBSCRIPTION FORM

(PLEASE CHECK ONE CATEGORY)



Refer a friend and save \$5!

| CATEGORY | √ | FEE | BENEFITS |
|--|---|---------|---|
| Individual Membership | | \$35 | Basic membership benefits |
| Individual Membership plus ABEL Journal Subscription** | | \$70 | Basic membership benefits plus subscription to ABEL Journal |
| Affiliate Group Membership* | | \$150 | Basic membership benefits for five individuals |
| Small Group Membership | | \$300 | Basic membership benefits for ten individuals |
| Medium Group Membership | | \$700 | Basic membership benefits for twenty-five individuals |
| Large Group Membership | | \$1,200 | Basic membership benefits for fifty individuals |
| Individual ABEL Journal Subscription** | | \$65 | Subscription to ABEL Journal without individual membership |
| Institutional Journal Subscription** | | \$109 | Subscription to ABEL Journal |

Basic membership benefits include voting privileges, public policy alerts, discounted conference registration and an opportunity to compete for scholarship and grant funds.

*Affiliate group is defined as a professional membership association at the local, state, regional and national level.

**Add \$12 for shipments to Canada and \$27 for countries outside the U.S. and Canada,.

CONTACT INFORMATION (IF REGISTERING A GROUP, PLEASE INCLUDE INDIVIDUAL MEMBERS ON THE BACK OF THIS FORM)

Organization: _____

Contact: _____

Address: _____

City _____ State _____ Zip _____ Phone _____

E-mail: _____ (E-mail used for all COABE communications and public policy alerts)

Refer a Friend*: _____ Email: _____

*You will receive \$5 off your membership when the new member activates their membership.

PAYMENT METHOD (CHECK ONE)

Check PO # _____ Mastercard VISA Discover American Express

Account # _____ Expiration _____ Signature _____

BILLING ADDRESS (IF DIFFERENT)

Address: _____

City _____ State _____ Zip _____ Phone _____ FAX _____

